

MOTOR VEHICLE ACCIDENT REPORT	Please read the Privacy Act State- ment on Page 3	INSTRUCTIONS: Sections I through IX are filled out by the vehicle operator. Section X, items 72 thru 82c are filled on by the operator's supervisor. Section XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.
----------------------------------	---	--

**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle) Way, Steven				2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		DATE OF ACCIDENT 08/25/2015	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS EPA Region 8, 1595 Wynkoop ST, Denver, CO 80202						4b. WORK TELEPHONE NUMBER 303-312-6723	
5. TAG OR IDENTIFICATION NUMBER G62 3763L		6. EST. REPAIR COST \$ 2,000.00		7. YEAR OF VEHICLE 2009		8. MAKE Ford	
				9. MODEL Expedition		10. SEAT BELTS USED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11. DESCRIBE VEHICLE DAMAGE Dent and scratches to RF quarter panel and front passenger door above RF wheel well where deer collided with vehicle.							

**SECTION II - OTHER VEHICLE DATA (Use Section VIII if additional space is needed)**

12. DRIVER'S NAME (Last, first, middle) N/A			13. SOCIAL SECURITY NO./ TAX IDENTIFICATION NO.		14. DRIVER'S LICENSE NO./STATE/LIMITATIONS		
15. a. DRIVER'S WORK ADDRESS					15b. WORK TELEPHONE NUMBER		
16a. DRIVER'S HOME ADDRESS					16b. HOME TELEPHONE NUMBER		
17. DESCRIPTION OF VEHICLE DAMAGE					18. ESTIMATED REPAIR COST \$		
19. YEAR OF VEHICLE		20. MAKE OF VEHICLE		21. MODEL OF VEHICLE		22. TAG NUMBER AND STATE	
23a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS					23b. POLICY NUMBER		
					23c. TELEPHONE NUMBER		
24. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED			25a. OWNER'S NAME(S) (Last, first, middle)			25b. TELEPHONE NUMBER	
26. OWNER'S ADDRESS(ES)							

**SECTION III - KILLED OR INJURED (Use Section VIII if additional space is needed)**

27. NAME (last, first, middle) N/A				28. SEX		29. DATE OF BIRTH			
30. ADDRESS									
A	31. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			32. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		33. LOCATION IN VEHICLE		34. FIRST AID GIVEN BY	
	35. TRANSPORTED BY			36. TRANSPORTED TO					
37. NAME (last, first, middle) N/A				38. SEX		39. DATE OF BIRTH			
40. ADDRESS									
B	41. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN			42. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)		43. LOCATION IN VEHICLE		44. FIRST AID GIVEN BY	
	45. TRANSPORTED BY			46. TRANSPORTED TO					
47. Pedes- trian	a. NAME OF STREET OR HIGHWAY N/A			b. DIRECTION OF PEDESTRIAN (SW corner to NW corner, etc.)					
				FROM		TO			
	c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (crossing intersection with signal, against signal, diagonally; in roadway playing, walking, hitchhiking, etc.)								

**SECTION IV - ACCIDENT TIME AND LOCATION (Use section VII if additional space is needed.)**

48. DATE OF ACCIDENT <b>08/25/2015</b>	49. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (industrial, business, residential, open country, etc.); Road description). <b>1 mile south of the summit of Molas Pass on US-550 between Silverton, CO and Durango, CO. Road is a paved U.S. highway that traverses heavily forested mountains.</b>
50. TIME OF ACCIDENT <b>8:10</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

**51. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED**

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

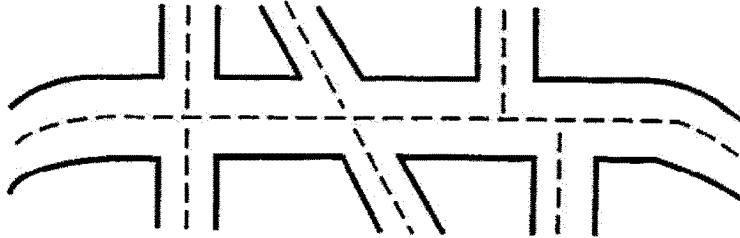
Example: → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident.

c. Show pedestrian by → ○

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH

**52. POINT OF IMPACT (Check one for each vehicle)**

FED	2	AREA
		a. Front
X		b. R. Front
		c. L. Front
		d. Rear
		e. R. Rear
		f. L. Rear
		g. R. Side
		h. L. Side

53. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.), condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making a U-turn, passing, stopped in traffic, etc.).

Fed vehicle traveling southbound on US-550 from Silverton, CO to Cascade Village, CO approximately 1 mile south of the Molas Pass summit, after sunset in the evening with clear skies and dry pavement, a female deer emerged from the forest and ran head first into the Fed vehicle on the right front side as the Fed vehicle was passing by. Deer was killed instantly and thrown to the side of the road. Fed vehicle driver attempted to slow from posted speed limit and avoid collision, but was unable due to course of deer, slope of road, and oncoming traffic. Driver pulled to the side of the road and assessed damage, which is shown in the photo attached. Driver contacted supervisor to report incident by phone once back in cellular range closer to his hotel.

**SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)**

A	54. NAME (Last, first, middle) <b>N/A</b>	55. WORK TELEPHONE NUMBER	56. HOME TELEPHONE NUMBER
	57. WORK ADDRESS	58. HOME ADDRESS	
B	59. NAME (Last, first, middle) <b>N/A</b>	60. WORK TELEPHONE NUMBER	61. HOME TELEPHONE NUMBER
	62. WORK ADDRESS	63. HOME ADDRESS	

**SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)**

64a. NAME OF OWNER (Last, first, middle)	64b. WORK TELEPHONE NUMBER	64c. HOME TELEPHONE NUMBER
64d. WORK ADDRESS	64e. HOME ADDRESS	
65a. NAME OF INSURANCE COMPANY	65b. TELEPHONE NUMBER	65c. POLICY NUMBER
66. ITEM DAMAGED <b>Mule Deer - Doe</b>	67. LOCATION OF DAMAGED ITEM <b>Animal carcass was left where it landed along the road.</b>	68. ESTIMATED COST <b>\$0.00</b>

**SECTION VII - POLICE INFORMATION**

69a. NAME OF POLICE OFFICER <b>N/A</b>	69b. BADGE NUMBER	69c. TELEPHONE NUMBER
70. PRECINCT OR HEADQUARTERS	71a. PERSON CHARGED WITH ACCIDENT	71b. VIOLATION(S)

**SECTION VIII - EXTRA DETAILS**

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

**PRIVACY ACT STATEMENT**

The information on this form is subject to the Privacy Act of 1974 (5 U.S.C. section 552a). Authority to collect the information is Title 40 U.S.C. Section 491 and the title 31 U.S.C. Section 7701. The formation is required by federal Government agencies to administer motor vehicle programs, including maintaining records on accidents involving privately owned and Federal fleet vehicles, and collecting accident claims resulting from accidents. Federal employees, and employees under contract, will use the information only in the performance of their official duties. Routine uses of the collected information may include disclosures to: appropriate Federal, State, or local agencies or contractors when relevant to civil, criminal, or regulatory investigations or prosecutions; the Office of personnel Management and the General Accounting Office for program evaluation purposes; a Member of Congress or staff in response to a request for assistance by the individual of record; another Federal agency, including the Department of Treasury and Justice, or a court under judicial proceedings; agency Inspectors General in conducting audits; private insurance and the collection agencies (including agencies under contract to Treasury to collect debt), and to other agency finance offices for federal management and debt collection. Furnishing the requested information is mandatory, including the Social security Number or Taxpayer's Identification Number(TIN) for use as a unique identifier to ensure accurate identification for individuals or firms in the system.

**SECTION IX - FEDERAL DRIVER CERTIFICATION**

I certify that the information on this form (Sections I thru VII) is correct to the best of my knowledge and belief.

72a. NAME AND TITLE OF DRIVER

Steven Way  
On-Scene Coordinator

72b. DRIVER'S SIGNATURE AND DATE

**SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED**

73. ORIGIN

Gold King Mine Site Office  
Silverton, CO

74. DESTINATION

Lodging  
Cascade Village, CO

75. EXACT PURPOSE OF TRIP

Following a full day on site at the Gold King Mine Emergency Response (ER), OSC Steve Way was driving at dusk back to his hotel in Cascade Village, CO for the evening.

76. TRIP BEGAN	DATE 08/25/2015	TIME (Include AM or PM) 7:35 PM	77. ACCIDENT OCCURRED	DATE 08/25/2015	TIME (Include AM or PM) 8:10 PM
78. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR <input type="checkbox"/> ORALLY <input checked="" type="checkbox"/> IN WRITING (Explain) Travel Authorization			79. WAS THERE ANY DEVIATION FROM DIRECT ROUTE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		
80. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Explain) ER Action - 12+ Hour Days for Emergency			81. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Explain)		

82. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY	
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	b. COMMENTS OSC Way reported this incident immediately upon arriving at his hotel on 8/25/15.

83a. NAME AND TITLE OF SUPERVISOR

Laura Williams, ER Unit Leader

83b. SUPERVISOR'S SIGNATURE AND DATE

08/26/2015

83c. TELEPHONE NUMBER

303-312-6660

**SECTION XI - ACCIDENT INVESTIGATION DATA**

84. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION.



NO



YES (If checked, explain below.)

**85. PERSONS INTERVIEWED**

NAME	DATE	NAME	DATE
a. Steve Way	08/26/2015	c.	
b.		d.	

86. ADDITIONAL COMMENTS (Indicate section and item number of each comment).

**SECTION XII - ATTACHMENTS**

87. LIST ALL ATTACHMENTS TO THIS REPORT

**SECTION XIII - COMMENTS/APPROVALS**

88. REVIEWING OFFICIAL'S COMMENTS

**89. ACCIDENT INVESTIGATOR**

a. SIGNATURE

Digitally signed by  
STEVEN MERRITT  
Date: 2015.08.26  
12:23:41 -06'00'

b. DATE

08/26/2015

c. NAME (First, middle, last)

Steven Merritt

d. TITLE

On-Scene Coordinator

e. OFFICE

Emergency Response Unit (8EPR-ER)

f. OFFICE TELEPHONE NUMBER

AREA CODE

303

NUMBER

312-6146

EXTENSION

**90. ACCIDENT REVIEWING OFFICIAL**

a. SIGNATURE

b. DATE

c. NAME (First, middle, last)

Jeannie Martinek

d. TITLE

Fleet Vehicle Manager

e. OFFICE

Infrastructure (8TMS-I)

f. OFFICE TELEPHONE NUMBER

AREA CODE

303

NUMBER

312-6398

EXTENSION